



**National Cooperative  
Services Corporation**

## **NCSC Class T Director Candidate BIOGRAPHICAL INFORMATION**

Please fill in the blanks below giving the information requested. If a question is not applicable to you, leave it blank. Return the completed form to:

Nicole DaDamio  
Corporate Relations Program Administrator  
Email: [nicole.dadamio@nrucfc.coop](mailto:nicole.dadamio@nrucfc.coop)

If the space below is not adequate, you may attach an extra sheet of paper. This information is for the preparation of a fact sheet to be used as a part of the NCSC election procedure. (Please print your name as you would like it to appear on candidate/election material.)

**NAME:** \_\_\_\_\_

**POSITION:** (If you currently hold an office with your rural telco, give full title of position.)  
\_\_\_\_\_

**TELCO AFFILIATION NAME AND ADDRESS:** (Please use complete mailing address.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE PHONE:** \_\_\_\_\_ **ext. or direct line:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **PREFERRED PHONE:** \_\_\_\_\_

**OTHER TELCO AFFILIATIONS:** (Past or Present)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME:** \_\_\_\_\_

**EDUCATION:** (Give name of secondary school and institutions of higher learning you have attended. List major areas of study and degrees held.)

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**OCCUPATION:** (Directors list occupation(s) that provide livelihood; managers need not fill this out.)

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**FORMER OCCUPATIONS:** (List only those that you feel will have a bearing upon your qualifications as an NCSC director.)

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**BUSINESS AND PROFESSIONAL AFFILIATIONS:** (List those that are currently active and that have a bearing upon your qualifications as an NCSC director, such as director of a bank, board member of a corporation, etc.)

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**CIVIC, SERVICE AND FRATERNAL ORGANIZATIONS:** (List active memberships and any offices held in these organizations, such as president of Chamber of Commerce, etc.)

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**ELECTIVE OFFICES HELD:** (List only recent offices held and terms of office.)

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**IF APPLICABLE, SPOUSE'S NAME:** \_\_\_\_\_